

## **MEMORANDUM**

### **Texas Department of Human Services \* Long Term Care/Policy**

**TO:** LTC-R Regional Directors-Section/Unit Managers  
Home and Community Support Services Agencies (HCSSA) Program  
Administrators

**FROM:** Marc Gold, Director  
Long Term Care Policy  
State Office MC: W-519

**SUBJECT:** Regional Survey & Certification Letter #00-21

**DATE:** September 21, 2000

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The attached RS&C Letter is being provided to you for information purposes and should be shared with all professional staff.

- RS&C Letter No. 00-21 -- Questions and Answers Regarding Telemedicine.
  - For nursing facility questions, call Bevo Morris, Nursing Facility Program Specialist, Professional Services, at (512) 438-2631.
  - For home health agency questions, call Mary Jo Grassmuck, RN, HCSSA, at (512) 438-2100.

If you have any questions, please direct inquiries to the individuals or sections listed above.

- Original Signature on File -

Marc Gold

Attachment



**Department of Health & Human Services**  
**Health Care Financing Administration**

Division of Medicaid and State Operations, Region VI

1301 Young Street, Room 833  
Dallas, Texas 75202  
Phone (214) 767-6301  
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August 18, 2000

REGIONAL SURVEY AND CERTIFICATION LETTER NO. 00-21

TO: All State Survey Agencies (Action)  
All Title XIX Single State Agencies (Information)

SUBJECT: Questions and Answers Regarding Telemedicine

This is to inform you of information regarding telemedicine. This information focuses on the care regulations for nursing homes, home health agencies, hospitals, and Medicare and Medicaid telemedicine coverage requirements. Below are questions and answers for regulatory requirements for each provider type as well as policy for Medicare and Medicaid beneficiaries, as it pertains to telemedicine.

**The following pertains to Medicare part B telemedicine policy.**

Payment for telemedicine under Medicare part B, fee for service, includes two general categories: services that do not require a face-to-face encounter under the traditional delivery of medical care; (e.g., interpretation of a x-ray, electroencephalogram (EEG), electrocardiogram (EKG), or diagnostic image, pacemaker analysis) and consultation services, which are traditionally delivered face-to-face.

With regard to the second category (consultation), beginning 1/1/1999, the Balanced Budget Act (BBA) of 1997 provided for coverage and payment for consultation services provided via telecommunications systems (teleconsultation). BBA limits eligibility for teleconsultation to Medicare beneficiaries located in a rural health professional to Medicare beneficiaries located in a rural health shortage area.

Consultation services and the corresponding current procedure codes (CPT) are listed below.

99241 – 99245 (office or other outpatient – new and established patients);  
99251 – 99255 (initial inpatient consultations – new and established patients);  
99261 – 99263 (follow-up inpatient consultations – established patients); and  
99271 – 99275 (confirmatory consultations – new and established patients).

The consulting practitioner bills for the consultation using these codes with a modifier “GT” to indicate that it was a teleconsultation. Eligible consultants are not limited to a physician. Medical professionals who may provide for and receive payment for a teleconsultation include a physician, nurse practitioner, physician assistant, clinical nurse specialist and certified nurse midwife.

HCFA published the final teleconsultation rule on November 2, 1998 in the Federal Register Vol. 63, No. 211. In this rule, HCFA specified that consultation services are the only services for which telemedicine can be used as a substitute for a face-to-face encounter under Medicare. Emergency department services, nursing facility services, and home visits that are delivered via telecommunications are not covered under Medicare part B. However, Medicare could cover telemedicine consultation services, provided to beneficiaries located in a rural health professional

shortage area to supplement Emergency Department services and nursing facility services. In such instances, all applicable criteria specified in the Medicare teleconsultation regulation must be met.

**Question 1:** Will telemedicine meet the regulatory requirements of any or all physician visits in a nursing facility, i.e., at 30, 60, and 90 days after admission to a nursing facility, and at least every 60 days thereafter?

Answer: The regulatory requirements for long term care facilities apply to nursing facilities participating in Medicare and Medicaid (42 CFR 483.40). The required physician or non-physician visits must be done in person. Therefore, the visits that are required at intervals of 30, 60, 90 days after admission to the facility **and** every 60 days thereafter **cannot** be covered via telemedicine.

For purposes of any other medically necessary visits made by a qualified Medicaid provider to a Medicaid-eligible beneficiary in a certified nursing facility may be accomplished, at the State's option, using telemedicine as a cost effective alternative to a direct face-to-face encounter.

**Question 2:** How are physicians visits that are encoded for nursing facility residents utilizing telemedicine to be encoded on the minimum data set (MDS)?

Answer: As stated in the Long Term Care Resident Assessment Instrument User's Manual – Version 2.0, "examinations can occur in the facility or in the physician's office" (page 3-160). For Medicaid purposes, if the physician consultation in question is not a "required" visit (42 CFR 483.40), but, rather an interim or an additional consultation by the physician and conducted using telemedicine technology, the telemedicine encounter could be encoded as follows: the State Medicaid agency can use its own code for these types of encounters, or if more preferable, use the standard CPT code in the 99301 – 99316 range with a modifier that indicated it is a telemedicine visit.

**Question 3:** Can telemedicine be used as a means of reducing home visits and emergency room visits in the home care setting?

Answer: For the purposes of meeting Medicaid and Medicare requirements at 42 CFR 409.48 (c), telemedicine does not meet the definition of a home health visit. These requirements however, do not specify the number of (face-to-face) visits that must be done in the home. A telemedicine encounter may be used as a supplement to a home health visit performed face-to-face. However, as a supplement, it may not replace regular home visits or a visit that assesses sudden changes in the patient's condition. As long as the Conditions of Participation are met for direct personal visits in the home health setting and for the hospice program, State Medicaid agencies can decide to cover telemedicine as a cost-effective supplement to the face-to-face encounters in these settings.

**Question 4:** If a rural hospital establishes telemedicine, can the rural hospital emergency room use telemedicine and the qualified nurse to assess and treat the patient? (No physician physically present)

Answer: The Condition of Participation (CoP) for hospitals found at 42 CFR 482.12 (c)(3) requires that a "doctor of medicine or osteopathy to be on duty or on call at all times." If the physician is on duty or on call, he/she is able to get to the patient, in accordance with the time frames as designated in the hospital policy. Therefore, a physician must be present to assess and treat a patient in the Emergency Department. Nevertheless, the attending physician may request a teleconsultation provided all requirements of Medicare and Medicaid teleconsultation rule are met.

**Question 5:** Will the use of telemedicine in rural hospitals be specific to the physician or will others such as Nurse Practitioners or Physician Assistants be able to use it in lieu of face-to-face visits?

Answer: In general, Medicare and Medicaid may (in specific circumstances) provide coverage of non-physician practitioners as part of telemedicine services when medically appropriate, as long as all criteria of the appropriate telemedicine rule(s) are met. For Medicare part B, fee for service, please refer to the Medicare teleconsultation rule mentioned earlier in this document.

If you any questions, please contact Jann Caldwell, of my staff, at (214) 767-4401.

Sincerely,

- Signature on File -

Molly Crawshaw, Chief  
Survey and Certification Operations Branch  
Division of Medicaid and State Operations